

JUL 24 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

23632

1. PLACE OF DEATH

County Montgomery  
Township Burns Creek  
City                      (No.             )

Registration District No. 5-89  
Primary Registration District No. 57973

File No.                       
Registered No. 20 St.              Ward)             

2. FULL NAME

Walter Marlow Jeans

(a) Residence, No.              St.              Ward.             

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Jeans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min. 57 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                       
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo

13. NAME James Jeans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo

15. MAIDEN NAME Elizabeth Summers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo

17. INFORMANT (ADDRESS) Mrs Maggie Jeans High Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princes Branch DATE June 29 1936

19. UNDERTAKER (ADDRESS) J. M. Thurman

20. FILED Jun 29 1936 W. A. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936 to June 18, 1936

I last saw him alive on June 17, 1936 Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

- 1. Myocarditis with degenerative changes of the heart muscle.
- 2. Cardiac Hypertrophy.

Date of onset                     

Other contributory causes of importance: Anasarca of feet and legs.

Name of operation Phys Exam  
What test confirmed diagnosis? X-Ray & Phys Exam Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                     , 19             

Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                       
If so, specify                       
(Signed) Buell Menifee, M. D.  
(Address) Montgomery City, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

